

OFFICE OF THE CHAPTER 13 STANDING TRUSTEE

Andrew B. Finberg
Chapter 13 Standing Trustee
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**UNITED STATES BANKRUPTCY COURT
FOR THE DISTRICT OF NEW JERSEY
(Camden)**

In Re:

BRADLEY E. KAUFFMAN

Debtor(s).

Proceedings in Chapter 13

Case No.: 23-12775-JNP

**TRUSTEE'S STATEMENT PURSUANT
TO 11 U.S.C. §§ 1302(c), 1106(a)(3), and
1106(a)(4)**

The Chapter 13 Standing Trustee hereby submits this Statement of Investigation of the financial affairs of the Debtor(s) pursuant to 11 U.S.C. §§ 1302(c), 1106(a)(3) and 1106(a)(4).

1. The Trustee's office has conducted a § 341(a) Meeting of Creditors and a business examination which consisted of the review of the Petition, Schedules A - J, Statement of Financial Affairs, and Statement of Current Monthly Income, including a comparison between the Debtor(s)' filed petition and schedules and Certification of Business Debtor (attached hereto as Exhibit "A").

2. The Trustee, except to the extent that the Court orders otherwise, has investigated the acts, conduct, assets, liabilities, and financial condition of the Debtor(s), the operation of the Debtor(s)' business and the desirability of the continuance of such business, and any other matter relevant to the case or to the formulation of a plan.

3. Furthermore, in connection with the investigation, the Trustee has not ascertained any fact pertaining to fraud, dishonesty, incompetence, misconduct, mismanagement or irregularity in the management of the affairs of Debtor(s), or to a cause of action available to the estate.

Dated: December 07, 2023

ICB: KES
via first class mail:

BRADLEY E. KAUFFMAN

Respectfully submitted,

/s/ ANDREW B. FINBERG
ANDREW B. FINBERG
Chapter 13 Standing Trustee

IN RE:

Proceedings in Chapter 13

Case Number: 23-127753 (ABA / JNP)

CERTIFICATION OF DEBTOR
DERRIVING INCOME FROM
NON-EMPLOYEE COMPENSATION
(IRS FORM 1099-MISC INCOME)

Debtor(s).

I, BRADLEY KAUFFMAN being duly sworn, upon my oath state:

1. I derive income from non-employee compensation (IRS Form 1099-Misc) for the following company(ies):
- a. SENIOR LEADS/LAFAYETTE PRIVATE EQUITY, LLC
- b. _____
2. The nature of my work as a Form 1099-Misc employee is SALES CONTRACTOR
3. I began as a Form 1099-Misc employee on mm/dd/yyyy. 08/03/2023
4. I presently (receive or (do not) receive) income as a 1099 employee.
5. I stopped as a Form 1099-Misc employee on mm/dd/yyyy. 8/8/2023
6. I (do or (do not)) have separate liability insurance coverage for the work I perform as a Form 1099-Misc employee.
7. As of the date of this certification I have the following insurance coverage(s):
- | | |
|--|--|
| <input type="checkbox"/> Auto insurance; | <input type="checkbox"/> Professional liability insurance (E&O); |
| <input type="checkbox"/> Property insurance; | <input type="checkbox"/> Malpractice insurance; |
| <input type="checkbox"/> Other: _____; | <input checked="" type="checkbox"/> No insurance required. |
8. I (do or (do not)) have an active license or permit for the work I perform as a Form 1099-Misc employee.
9. I have bank accounts in the following financial institutions which are utilized for the work I perform as a Form 1099-Misc employee. (include Paypal & online accounts):

Bank Name	Type of Account / Purpose	Account Number (Last 4 digits)
BANK OF AMERICA	BUS. CHECKING	5585

10. I (do) or do not have business expenses Page 3 of 3 with the work I perform as a Form 1099-Misc

employee (i.e. gas, travel, tolls, etc.).

11. These expenses are (reimbursed or unreimbursed) by my employer.

12. I (have) or (have not) filed individual tax returns with the Internal Revenue Service for all the prior tax years, for which I/the business was required to file a return.

13. I (have) or (have not) filed applicable state tax returns with the State of New Jersey or any other state or commonwealth for all prior tax years, for which I/the business was required to file a return.

14. As of the date of this certification, the value of my business assets, including tools, equipment, inventory, and accounts total \$ 150⁰⁰.

15. As of the date of this certification, I have business obligations which total \$ 0.

16. In support of this certification and as required by the Standing Trustee, I provide the following attached documents (attached):

- ☐ Last two (2) filed Federal Tax Returns, with all supporting schedules and statements;
- ☒ Last Form 1099-Misc received;
- ☒ Bank statements for six (6) months ending the month prior to filing;
- ☐ Current insurance declaration page;
- ☐ Current license and/or permit, plus municipal and county licenses and certifications; and
- ☒ Profit and loss statements for Form 1099-Misc expenses for six (6) months ending the month prior to filing.

I declare under penalty of perjury that the foregoing statements are true and correct.

I have read and acknowledge my responsibilities as a business debtor.

I understand that by filing this certification with the Standing Trustee and attachments in its support, I am signing the document under Fed. R. Bankr. P. 9011.

I declare that (I or my attorney) will retain the original signature of this certification for a period of seven (7) years from the date of the closing of this case pursuant to Fed. R. Bankr. P. 8011.

Date: 9/15/23

/s/


Debtor

Date:

/s/

Co-Debtor